

CHECKLIST FOR APPLICANTS - NEW AND CONTINUING: 2025/2026

<u>NEW STUDENTS:</u>	✓ Attached?
Complete the "Items to Consider" sheet - ensure that you have all your needs covered.	
Personal letter detailing education goals, personal history, why you need financial sponsorship support, what other funding options you've researched, etc.	
Introductory statement of who you are, which clan you belong to who your parents and grandparents are; where you live; etc.	
OMVC PSEAP Application and Sponsorship Agreement - <u>signed</u>	
Copy of College/University application <u>AND</u> a Letter of Acceptance	
High school transcripts, or transcripts from previous training	
Complete Education Plan - for length of program, use more than one sheet, if necessary	
Details of program - length, costs related to program, tuition/fees/books/supplies/etc	
Release of Information form – signed	
Reference Letters - former employers, education advisors, etc	
Direct Deposit Authorization - MUST BE CURRENT <u>and</u> verified by Bank/Credit Union employee, with their address and ph. contact visible	
Mature students - Math and English assessment Tests results	
Applicants with dependents - verification of income, and identification	

CONTINUING STUDENTS REQUIRED DOCUMENTS

Personal letter updating and detailing education goals, personal history, etc	
OMVC PSEAP Application and Sponsorship Agreement - signed	
Official Transcripts from previous year	
Direct Deposit Authorization - MUST BE CURRENT <u>and</u> verified by Bank/Credit Union employee, with their address and phone contact	
Education Plan – Updated, with grades added	
Letter of permission to register/re-register (proof of registration appointment)	
Release of Information Form – updated	
University Transfer students - Letter of acceptance into University program	
Costs related to program – Tuition/fees, Books/Supplies	
Updated Verification of Spousal income (if applicable)	

** Validated forms of identification are required for applicants and dependents.**

This includes: 1) Band Registry Card, photo-quality reproduction 2) Birth Certificate 3) Care Card 3) Social Insurance Card
PROOF OF STUDENT LOANS/LIVING ALLOWANCE GRANTS MUST ACCOMPANY APPLICATIONS; NEW AND CONTINUING.

Items to consider when contemplating your post secondary education:
Examples of items to include in cover letter.

- 1) what is it that you want to be... what's your end career goal?
- 2) where is it that you want to achieve your academic requirements?
What institute will you select?
- 3) is the institute public or private?
- 4) how will you cover additional costs, if there are any?
- 5) do you have or how will you locate a place to live?
- 6) what do you know about the institute and program you are selecting?
Tuition – what's the cost? Required course textbooks – how much will you need?
What other costs will you have?
- 7) are there special considerations to make when thinking about going to college/university?

Personal family needs?
Lifestyle changes?
- 8) support services/networks – what are the support services available? Where are they located?
- 9) what is your emergency plan? What are you going to do if... you need emergency financial support? Personal counselling services? Academic advice?
- 10) are you familiar with support services for aboriginal services? Where will you find them?
- 11) What will you do when you face a challenge?
- 12) Where are the emergency services located?
Hospital/clinic, RCMP, Fire, etc.

Other items you want to check into:

APPLICATION FORM - Please ensure that this form is complete FOR THIS SCHOOL YEAR:2025/2026

Name of Applicant: _____ Birth date: _____ Age: _____
First Surname dd/mm/yy

Band Registry Number: 669- _____ (include a copy of your status card with application) **M / F**
Please circle

Residential Address: _____
Apt Street City Postal Code

Home Mailing Address: (If different than above)

PO Box Apt Street City Postal Code

contact:

Home Ph# Work Ph# Cell/Message # E-mail contact

Emergency contact & relationship to Applicant: _____ PH#: _____

Marital status: (PLEASE CIRCLE) **SINGLE MARRIED OTHER:** _____

Name of Spouse: _____ Birthdate: _____ Age: _____
First Surname

Spouse's income: **employed / self-employed / unemployed / other?**
(Proof of their income is required i.e., Revenue Canada notice, pay stub)

List **Dependents Residing** in Family Unit year-round, and provide identification for each (as outlined on page 1):

First	Surname	Birthdate	Age	Band Registry Number
First	Surname	Birthdate	Age	Band Registry Number
First	Surname	Birthdate	Age	Band Registry Number
First	Surname	Birthdate	Age	Band Registry Number

Previous Education and Training: (List all received to date):					
Course/Program	Institute	Year	Completed? (Y/N)	OMVC Funded?	
Course/Program	Institute	Year	Completed? (Y/N)	OMVC Funded?	
Course/Program	Institute	Year	Completed? (Y/N)	OMVC Funded?	

PROGRAM APPLYING FOR: _____ AT (Name Institute) _____

OCCUPATION/SPECIALTY: _____ LENGTH OF PROGRAM: _____

START DATE OF THIS SCHOOL YEAR: _____ **COMPLETION DATE OF THIS SCHOOL YEAR:** _____

IS THIS A NEW APPLICATION? Y / N FULL TIME? PART TIME?

If NO, are you a continuing student? Y / N What year of study are you applying for?: _____ of _____

TYPE OF TRAINING: _____
_____ Adult Basic Education _____ College Prep
_____ Community College _____ University Transfer
_____ Bachelor Program _____ Masters Program
_____ PhD _____ Other (Please indicate) _____

Signed: _____ **Date:** _____

OLD MASSETT VILLAGE COUNCIL SPONSORSHIP AGREEMENT

Students/applicants must agree to the following terms and conditions:

1. I hereby state that I understand the entry requirements of the program I am applying for and understand that if I do not meet the entry requirements for this program I may need to adjust my application to reflect this. And, I understand that I may need to seek alternative funding.
2. I hereby agree that I have researched alternative funding like TriCorp (as a student in the northwest region), ACCESS, EI/TRANSITIONS, GWAII TRUST; and, their responses are attached.
3. I accept responsibility to manage the sponsored education funds accordingly. I have attached a proposed monthly, semester and annual budget.
4. I will maintain the appropriate course load for the funding rate requested. [I know that a full course load is 5 courses (15 credits), with the minimum acceptable course load of 4 courses (12 credits); only accepted for 1st year 1st semester.] I acknowledge that 3 courses (9 credits = 60% of a full course load) or less meets the OMVC criteria for part time funding that **does not include a living allowance.**
4. Accept the responsibility for satisfying the academic **semester grade requirement of a C+ average, or better;** or a Cumulative GPA of 2.75 or more, annually.
5. Provide a required course textbook list for my file, as only required text and basic supplies (1st semester, 1st year only) will be authorized. Course syllabus or outlines must be submitted.
6. Requests for special equipment or material must be submitted in writing to the Education Department with 3 competitive cost quotes. For example, required statistical calculator.
7. **Provide interim reports, written, at least once a month to the Education Department.**
8. **Provide official transcripts to the Education Administrator at the end of term.**
9. Attend classes regularly, as scheduled. Class schedules must be submitted in September, January; and, intercession (should it apply).
10. Advise the Education Administrator of changes in programs, school, and or living arrangements that could affect funding. Advise the Education Administrator of address and telephone number changes in advance of moving. (**Current contact information must be on file**).
11. **I confirm that any level of fraudulent reporting will result in the suspension and termination of any further funding. I understand that to provide false information is fraud.**
12. All requests for Travel Assistance Subsidy must be requested written documentation – email, fax.
13. I will adhere to the Guidance Contract, if necessary; as per policy decision.

I understand and accept the terms and conditions as presented, otherwise I waive my privilege of sponsorship.

Student signature

Date: _____

EDUCATION PLAN – list courses per semester (full course load = 15 credit hours per semester = (5) 3-credit courses

For EACH semester: LIST course by name and number							
Semester One	Grade	Semester Two	Grade	Semester Three	Grade	Semester Four	Grade
Sept – Dec (4)		Jan – April (8)		Sept-Dec / May-Aug (12)		Jan-Apr / Sept-Dec (16)	
CR earned:		CR earned:		CR earned:		CR earned:	
Semester Five	Grade	Semester Six	Grade	Semester Seven	Grade	Semester Eight	Grade
May-Aug / Jan-Apr (20)		Sept-Dec / May-Jun (24)		Jan-Apr / Sept-Dec (28)		May-Aug / Jan-Apr (32)	
CR earned:		CR earned:		CR earned:		CR earned:	

STUDENT AUTHORIZATION RELEASE OF INFORMATION

The information on this form is collected under the authority of the College and Institutes Act (RSBC 1979 C.53 S.2 (a)).

The information provided will be used to process your sponsorship grant.

If you have any questions about the collection and use of this information, contact the Information and Privacy offices.

I, _____,
(print name) (student number)

authorize _____
(Registrar/Records of institute attending)

Telephone: _____ Fax: _____

BOOKSTORE:

Telephone: _____ FAX #: _____

to release information to my sponsor

OLD MASSETT VILLAGE COUNCIL EDUCATION DEPARTMENT
(Education Administrator and or the Education Administrative Assistant)

regarding all aspects of my education while in attendance at the:

PROGRAM - _____

AT: _____
(Name of Institute – College/University)

Student's Authorizing Signature:

_____ Date: _____

DIRECT DEPOSIT AUTHORIZATION

OLD MASSETT VILLAGE COUNCIL

PO Box 189 Massett, Haida Gwaii VOT 1MO

Payee/Payer Identification:

PLEASE PRINT

Name: _____ Address: _____

Please note: this info is not carried over on an annual basis. This form must be renewed each school year.

Have your financial institute complete the banking data section and verify account numbers and return to the Education Department. Attach a void cheque (if applicable).

You must inform the Education Department of any change in your account information and banking system BEFORE the 20th of any given month for the change to be effective for the upcoming deposit.

I, _____, authorize the Old Massett Village Council to deposit funds into my account:

_____/_____

Signature

Date

Home Phone/Work Phone

Social Insurance Number: _____

Birth date: _____

D M Y

PLEASE ENSURE THAT THE BOTTOM PORTION OF THIS FORM IS COMPLETED IN FULL BY YOUR BANKING INSTITUTE.

*** This authorization will remain in effect until cancelled in writing by the payee. ***

*** Any changes will be identified before the 20th day of any given month. ***

BANKING DATA - FINANCIAL INSTITUTION VERIFICATION:

Verification made by: *(please provide bank stamp)*

Financial Institution Name & Branch:

Address: _____

Date: _____

Phone #: (_____) _____ - _____

Verifying Teller Signature: _____

_____-_____-_____

Transit #

Institution

Account Number

(5 digits)

(3 digits)

(for electronic transfer)